

Marital Adjustment and Quality of Life of The Person with Obsessive Compulsive Disorder: A Brief Overview

Arti Singh^{1*}, Ravinder Kumar², Sanjeev Mishra³, Pradeep Kumar⁴, Bhupendra
Singh⁵

ABSTRACT

Obsessive-Compulsive Disorder (OCD) is long-lived disorder affects about 2.3% of the general population. OCD is a type of anxiety disorder primarily characterized by repetitive obsessions and compulsions. Marital relationship is the foundation of family life because it involves the union between a man and a woman as husband and wife. Quality of life refers to an individual sense of social, emotional and physical wellbeing. The Purpose of the study has to provide information and explore about the marital adjustment and quality of life of the person with obsessive compulsive disorder. Literature has been searched the both electronic databases including PubMed and manual searches for this. It can be said that OCD can directly effect on spouses and leads to much distress and dissatisfaction in marital life. It is also associated with social status and stigma related to the illness that further deteriorates the quality of life of spouses.

Keywords: *Obsessive-Compulsive Disorder, Quality of Life, Marital Adjustment, Dissatisfaction, Stress.*

Obsessive-Compulsive Disorder (OCD) is long-lived disorder affects about 2.3% of the general population. OCD is a type of anxiety disorder primarily characterized by repetitive obsessions and compulsions. Obsessive compulsive disorder is a chronic and debilitating disease characterized by obsessions and compulsions, which can be exacerbated occasionally negatively affecting the individual's daily function, social relationship, occupational, functioning. OCD affects patient and their environment, family members, friends, spouses-relationship, role performance and their relatives due to cognitive, emotional, and behavioral aspects of disease.

¹M. Phil, Psychiatric Social Work Trainee Institute of mental health, Pt. B.D.S., PGIMS, Rohtak

²M. Phil, Psychiatric Social Work Trainee, Institute of mental health, Pt. B.D.S., PGIMS, Rohtak

³M. Phil, Psychiatric Social Work Trainee, Institute of mental health, Pt. B.D.S., PGIMS, Rohtak

⁴Consultant Psychiatric Social Work, State Institute of Mental Health, Pt. B.D.S., PGIMS, Rohtak, India.

⁵Assistant Professor Psychiatric Social Work Institute of mental health, Pt. B.D.S., PGIMS, Rohtak, India.

*Corresponding Author

Received: December 23, 2021; Revision Received: March 11, 2022; Accepted: March 18, 2022

Marital Adjustment and Quality of Life of The Person with Obsessive Compulsive Disorder: A Brief Overview

Marital relationship is the foundation of family life because it involves the union between a man and a woman as husband and wife. It is a mean by which physiological, pro-creational, social, emotional and security needs are satisfied. Marital adjustment refers to the ability of individuals to become satisfied, happy and achieve success in a number of specific tasks in marriage. Quality of life refers to an individual sense of social, emotional and physical wellbeing which influences the extent to which she or he can achieve personal satisfaction with their life circumstances. Marital quality is a dynamic concept, as the nature and quality of people's relationships change over time.[1]

Obsessive Compulsive Disorder creates challenge for both patients and their family system and affected several areas of life. Alwardani worked to the comparison of marital satisfaction in OCD patients and normal individuals. The results showed that there is significant difference between marital satisfaction in people with obsessive compulsive disorder and normal individuals. This means that marital satisfaction scores in people with OCD is less than normal individuals. Those with obsessive compulsive disorder had lower marital satisfaction.[2]

Riggs et al examined the relationship of marital distress to obsessive compulsive symptoms and found that almost 50 percent of the subjects were maritally distressed prior to treatment. The level of marital distress was not, however, related to the severity of obsessive-compulsive symptoms. Marital distress was significantly reduced following the three-week course of behavior therapy for subjects who were distressed initially. There were 42 percent of the individuals who were maritally distressed prior to treatment were no longer distressed following treatment. Subjects who were maritally satisfied prior to treatment showed no significant change in marital distress. All subjects reported a reduction in their level of demanding and dependency on their spouses. In addition, the marital distressed subjects reported fewer arguments with their partners following treatment. Changes in marital distress were unrelated to reductions in depression that also were observed following treatment. Initial levels of marital distress and depression were not related to the efficacy of the behavioral treatment for reducing symptoms of obsessive-compulsive disorder.[3]

Emmelkamp et al., conducted research having obsessive-compulsive disorder patients and were treated by behavioral therapy (self-exposure in vivo and response prevention) either with their partner directly involved in all aspects of treatment or without their partner. The two treatment formats were equally effective. Although a substantial number of patient with obsessive-compulsive were found to have marital problems, behavioral treatment directed at the obsessive-compulsive disorder resulted in improvement irrespective of marital quality and partner involvement in the therapy. The effects of treatment led neither to a deterioration of the marriage nor to adjustment problems in the partner.[4]

Bakht and Batool conducted comparative study religiosity and stress as predictors of severity of OCD, and difference in marital adjustment OCD and non- OCD individuals' findings indicated that religiosity and stress appear to significantly determine the severity of obsessive-compulsive disorder. Mean difference in the marital adjustment scores indicated that OCD patients had significantly lower marital adjustment than non-patient sample.[5]

Almasi et al conducted study to evaluate efficacy of Religious cognitive behaviour therapy on marital satisfaction OCD patient at behavioural Sciences Research Centre is Fahan University of Medical Sciences Iran and finding indicates that techniques of religious

Marital Adjustment and Quality of Life of The Person with Obsessive Compulsive Disorder: A Brief Overview

cognitive behaviour therapy can affect the way of improving marital satisfaction and reduce of OCD symptoms.[6]

Real et al conducted study on sexuality and OCD the hidden affair. High percentage of sexual distress as well as dissatisfaction have been reported in both women and men with OCD. There were also found marital problem related distress among the OCD.[7]

Ghomian et al conducted research to evaluate the psychometric feature of relationship Obsessive compulsive and finding indicated there were positive correlation with Depression, Anxiety stress scale, Dyadic Adjustment scale, Relationship Beliefs Inventory, Padua Inventory-Washington State University Revision and Obsessive-Compulsive Inventory Revised Scales.[8]

Abramowitz et al., conducted study Treating Obsessive compulsive disorder in intimate relationship: A pilot study of couple base cognitive behavior therapy in the University of North Carolina at Chapel Hill and findings indicate that patient entered treatment with moderate to severe Symptoms and fair to good insight into the senseless of the symptoms the sample also reported moderate level of depression and their relationship were neither particularly distressed nor particularly satisfying. [9]

Suculluoglu et al conducted research to evaluate QoL of caregivers of patients with OCD and predictors of QoL of the family caregivers. Findings of the study indicated that disease burden were the only common predictor that affected all four dimensions (physical, psychological, social relations, environmental) of the caregiver's QoL, Findings also suggested that if the perceived disease burden increased, the caregiver's QoLdeteriorated.[10]

Ahmed et al., conducted research to assess quality of life patients with obsessive compulsive disorder. and the findings indicate that 78 percent peoples had moderate severity symptoms and treatment effect of symptoms might have caused their quality of life almost equally affected by obsession alone and obsession with compulsion. It has also found that environmental domain was more affected by obsession only rather than obsession with compulsion and also caused to generate severe stress. [11]

Gururaj et al examined in his comparative study to assess the family burden, quality of life, disability in obsessive compulsive disorder an Indian perspective. Results of the study show that family burden in financial burden, disruption of family routines were significantly high level in Schizophrenia compare to OCD patients and had poor Quality of life in the area of psychological and social domains in OCD patients comparable with Schizophrenic patients and also OCD patients and Schizophrenia were both similar in area of disability. [12]

Trettim et al., conducted cross sectional study to evaluate the Quality of life among young adults with obsessive compulsive disorder a population-based study in relationship between obsessive compulsive disorder and quality of life among young adults. Findings emphasized that the quality of life were lower in young people suffered with OCD compared to young adults without OCD. [13]

Salgado et al examined in a research Perceived quality of life in obsessive compulsive disorder and found that significant score of global YBOCS (22.6%), in (obsession 11.3%

Marital Adjustment and Quality of Life of The Person with Obsessive Compulsive Disorder: A Brief Overview

and compulsion 12.3%). Thus, The highly effect of SF 36 score in the OCD patient area of physical function, physical role, social functioning than general population. [14]

Alghamdi and Awadalla conducted a cross-sectional study to evaluate the socio-demographic and quality of life of patients with obsessive compulsive disorder. Findings indicated that gender with low education, unemployment, were significant associated with OCD. QoL were found lower in OCD patients compared with general population. [15]

Contradictory results were reported on characteristics affecting quality of life (QoL). It is unclear whether patients are satisfied with interaction patterns in their relationship that consolidate OCD. Identify patient characteristics contributing to QoL and relationship satisfaction of patients with OCD. It has found that QoL were poor and relationship satisfaction were moderate. Lack of paid employment and more severe co-morbid depressive and anxiety symptoms were associated with a poorer QoL. Fewer checking symptoms, more severe co-morbid depressive symptoms and the perception that partners lacked emotional support or were irritated were associated with less relationship satisfaction. To improve QoL and relationship satisfaction, treatment should focus on the perceived interaction with partners, co-morbidity and the patients' capacity to work. [16]

Goracci et al., examined in her study to investigate the relationship between subthreshold obsessive-compulsive disorder and quality of life used 202 samples without psychiatric illness. Research were completed the Italian version of the Self Report Questionnaire for Obsessive-Compulsive Spectrum (OBS-SR), and of the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q) and analyzed by using Pearson's correlation coefficient and research showed that a statistically significant correlation was found between the Obsessive-Compulsive Spectrum OBS-SR and the Q-LES-Q correlations had negative because the two instruments have an opposite directionality, with higher Quality of Life Enjoyment and Satisfaction Questionnaire Q-LES-Q scores denoting better QoL and higher OBS-SR scores denoting higher levels of symptomatology. And Forty-one people (scored) was above the cutoff threshold for the OBS-SR. A statistically significant correlation between Q-LES-Q and OBS-SR in several domains. It's found that sub threshold OCD is correlated with poorer QoL. And more research is also needed to evaluate if specific therapeutic interventions targeting. Subthreshold obsessive-compulsive symptoms can lead to a significant improvement in the QoL of the affected individuals. [17]

Vikas et al., conducted a study to assess the psychosocial impact of obsessive compulsive disorder on patients and their caregivers: A comparative study with depressive disorder had been taken 62 sample 32 patient diagnosed with OCD and their caregivers and 30 patient diagnosed with depressive disorder and their caregivers. Hamilton Depression rating scale, WHO quality of life scale-Brief Hindi version and Schedule for assessment of Psychiatric disability, Family burden interview schedule, Family Accommodation scale's were used so result found that OCD patients had a better quality of life and were less disabled compared with depressive patients. [18]

Rosa et al conducted a cross sectional study showed clinical correlates of social adjustment in patient with OCD. Results indicated that poor social functioning was associated with greater OCD severity. Hoarding symptoms and sexual obsession seem to have the strongest negative effects on social functioning in comparison to quality of life, social adjustment

Marital Adjustment and Quality of Life of The Person with Obsessive Compulsive Disorder: A Brief Overview

measures seem to provide a more comfort comprehensive overview of the OCD related burden. [19]

Masellis et al found that obsessions do affect QoL, whereas Katarina et al revealed that compulsions have a negative impact on QoL. [20-21]

CONCLUSION

Obsessive and Compulsive disorders can directly effect on spouses and leads to much distress and dissatisfaction in marital life. Studies suggest that emotional and adjustment dissatisfaction is much high in spouses of person with obsessive compulsive disorder in comparison to the normal one. It is also associated with social status and stigma related to the illness that further deteriorates the quality of life of spouses. This study is focused on the detailed parameters of the marital adjustment and quality of life of the spouses of patients diagnosed with obsessive compulsive disorders.

REFERENCES

- [1] Custer L. Marital Quality. The Blackwell Encyclopedia of Sociology. 2007 Feb 15.
- [2] Almardani SS. The comparison of Marital Satisfaction in OCD-patients and normal individuals. Shenakht Journal of PsychologyandPsychiatry2019;5(6):13-23.
- [3] Riggs DS, Hiss H, Foa EB. Marital distress and the treatment of obsessive compulsive disorder. Behav Ther.1992;23(4):585-97.
- [4] Emmelkamp PM, DeHaanE, Hoogduin CA. Marital adjustment and obsessive compulsive disorder. BrJ Psychiatry.1990;156(1):55-60.
- [5] Bakht S & Batool SS. Religiosity and Stress as Predictors of Severity of OCD, and difference in marital adjustment of OCD and non OCD individuals. Pakistan J Psych Soci. 2019; 17(3): 19-23.
- [6] Almasi A, Akuchekian S H, Maracy MR. Religious Cognitive–Behavior Therapy on Marital Satisfaction OCD Patients. Procedia - Soci Behav Sci. 2013; 84: 504–08
- [7] Real E, Montejo A, Alonso P, Menchon J M. Sexuality and Obsessive-Compulsive Disorder: The hidden affair.Futr sci group Neuropsychiatry. 2013;3(1):23-31.
- [8] Ghomian S, Reza shaeiri M, Farahani H. Psychometric Features of Relationship Obsessive-Compulsive Inventory: A scale in Field of Relationship Obsessive-Compulsive Disorder. Int J Behav Sci.2019;12(4):154-61.
- [9] Abramowitz J S, Baucom D H, Boeding S, Wheaton M G, Pukay Martin N D, Fabricant L E, Paprocki C, Fischer M S. Treating Obsessive-Compulsive Disorder in intimate Relationship: A pilot Study of Couple-based Cognitive Behavior Therapy. Int J Behavior Therapy.2013;44(3):395-407.
- [10] Suculluoglu Dikici D, Eser E, Çökmüş FP, Demet MM. Quality of Life and Associated Risk Factors in Caregivers of Patients with Obsessive Compulsive Disorder. Psychiatr Clin Psychopharmacol. 2019;29(4):579-86.
- [11] Ahmed F, Begum M,Wahab MA, Ahmed S K.Quality of life of patients with obsessive compulsive disorder. Bang J Psychiatry 2015;29(1):18-22
- [12] Gururaj G P, Bada math S, Reddy J Y C, Chandrashekar C R. Family Burden, Quality of life and Disability in Obsessive Compulsive Disorder: an Indian perspective. J Postgrad Med. 2008;54(2):91-7.
- [13] Trettim JP, Pires AJ, Matos MB D,Jansen K, Silva R A,Quevedo LA . Quality of

Marital Adjustment and Quality of Life of The Person with Obsessive Compulsive Disorder: A Brief Overview

- life among young adults with obsessive compulsive disorder: a population-based study. *Int J Fam Commun Med.* 2017;1(2):22–27.
- [14] Salgado-Rodriguez B, Segal-Dolengevich H, Romero M A, Castelli-Candia, P., Navio-Acosta, M., Perez-Rodriguez, M. M, Baca-Garcia, E. Perceived Quality of life in obsessive-compulsive disorder: related factors. *BMC Psychiatry.* 2006;6(1). doi:10.1186/1471-244x-6-20
- [15] Alghamdi HM and Awadalla AW. Sociodemographic and Quality of life of Patients with Obsessive Compulsive Disorder: A comparison within Saudi Arabia's Population. *INDJ.* 2016;6(3): 1-15.
- [16] Remmerswaal KC, Batelaan NM, Smit JH, van Oppen P, Van Balkom AJ. Quality of life and relationships satisfaction of patients with Obsessive Compulsive Disorder. *J of Obsessive Compuls Relat Disord.* 2016; 11:56-62.
- [17] Goracci A, Martinucci M, Kaperoni A, Fagiolini A, Sbaragli C, Corsi E, Castrogiovanni P. Quality of life and subthreshold obsessive-compulsive disorder. *Acta Neuropsychiatrica.* 2007; 19(6): 357–61
- [18] Vikas A, Avasthi A, Sharan P. Psycho social Impact of Obsessive-Compulsive disorder on Patients and their Caregivers: A Comparative study with Depressive disorder. *Int J Soc Psych.* 2015; Vol 57(1): 45–56. DOI: 10.1177/0020764010347333. Rosa A C,
- [19] Diniz J B, Fossaluza V, Torres A R, Fontenelle L F, De Mathis A S, Shavitt R G. Clinical correlates of social adjustment in patients with obsessive-compulsive disorder. *J Psych Resch,* 2012;46(10): 1286–92.
- [20] Katarina Stengler-Wenzke Michael Kroll Steffi Riedel-Heller Herbert Matschinger Matthias C. Angermeyer: *Psychopathology* 2007; 40:282–289
- [21] Masellis M, Rector NA, Richter MA: Quality of life in OCD: differential impact of obsessions, compulsions, and depression co-mor-bidity. *Can J Psychiatry* 2003; 48: 72–77.

Acknowledgement

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Singh A., Kumar R., Mishra S., Kumar P. & Singh B. (2022). Marital Adjustment and Quality of Life of The Person with Obsessive Compulsive Disorder: A Brief Overview. *International Journal of Indian Psychology*, 10(1), 979-984. DIP:18.01.100.20221001, DOI:10.25215/1001.100